

**2006 Patient Safety Awards - New York State Department of Health
Applicant Cover Page and Checklist**

- 1. Name and address of applicant** _____

- 2. Project by title and function** _____

- 3. Contact person(s)** _____

- 4. Number of certified beds (hospitals and nursing homes)** _____
- 5. Patients served per year (FQHC and adult care facilities)** _____
- 6. Network or system affiliation** _____

Applicant Checklist

Please be sure that your application provides the following important information:

- () Analysis of target area, timeframe for development and implementation strategies, including barriers to success
- () Description of any formal process of identifying areas for error reduction/performance improvement initiatives
- () Detailed description of successful quality improvement and/or medical error reduction efforts previously and currently implemented in your facility
- () Identification of measures used to determine effectiveness, standards and milestones for evaluation, and benchmark improvement indicators
- () Explanation of protocol development and steps taken to implement quality improvement strategies
- () Data reflecting favorable results directly related to quality improvement/error reduction strategies
- () Evaluation of outcomes and discussion of collaborative efforts and future goals for continued improvement activities

New York State Department of Health
Application for Patient Safety/Resident Award

Certification of Information

The Chief Executive Officer (CEO) of the Hospital or Federally Qualified Health Center (FQHC) should sign the following certification:

I certify that the information contained in this application and attached materials are accurate and true.

Signature

Date

Typed or printed name

Title